

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000031434**

1. Entity Name  
**VIP PAINTING, INC.**



Principal Place of Business  
**11540 WILES ROAD  
BAY 5  
CORAL SPRINGS, FL 33076**

Mailing Address  
**11540 WILES ROAD  
BAY 5  
CORAL SPRINGS, FL 33076**



04082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0488170**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CALDWELL, ALEX  
2970 NW 69TH AVENUE  
MARGATE, FL 33063**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CALDWELL, JAMES A
STREET ADDRESS	2970 NW 68 AVE
CITY-ST-ZIP	MARGATE, FL 33065
TITLE	V
NAME	COTNOIR, CRAIG S
STREET ADDRESS	7805 NW 18 PLACE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VSD
NAME	CALDWELL, MICHELLE
STREET ADDRESS	2970 NW 68 AVENUE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	T
NAME	SCHIAPO, ROSEMARY
STREET ADDRESS	5379 NW 60 DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	VP
NAME	HUMENYI, STEVE
STREET ADDRESS	1120 SW 3RD TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000335296  
04/27/05-80081-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Alex Caldwell* **Alex Caldwell** 4/26/05 954-344-4413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #